

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |            | Docket Number (Optional)<br>616782000100 |           |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |  |        |       |          |  |        |        |          |
|--|------------|--|-----------|--|------------|-------------------------|--|--|-------|------|----------|---|-------|-------|----------|--|--------|-------|-----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number<br>10/725,997   |            | Filed<br>December 3, 2003                |           |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |  |        |       |          |  |        |        |          |
| For<br>ABDOMINAL EXERCISER WITH ELECTRONIC COACHING DEVICE   |            |  |           |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |  |        |       |          |  |        |        |          |
| Art Unit<br>3764   |            | Examiner<br>G. Richman                   |           |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ 555.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>51,920</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <p style="text-align: center;">_____<br/>/Kaare D. Larson/<br/>Signature</p> <p style="text-align: center;">_____<br/>Kaare D. Larson<br/>Typed or printed name</p> <p style="text-align: center;">_____<br/>March 31, 2009<br/>Date</p> <p style="text-align: center;">_____<br/>(858) 720-5163<br/>Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p> |            |  |           |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ 555.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ _____ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                  |           |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130      | \$65                                     | \$ _____  |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490      | \$245                                    | \$ _____  |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110     | \$555                                    | \$ 555.00 |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730     | \$865                                    | \$ _____  |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350     | \$1175                                   | \$ _____  |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |  |        |       |          |  |        |        |          |